

## Training Plan Amendment – New/Additional Supervisor Licensed Marriage and Family Therapist

**This form should only be used if you have an approved training plan on file with the BSRB and you are changing supervisors or adding an additional supervisor.**

**Return the amendment to the BSRB by postal mail to the address above or by email to [bsrb@ks.gov](mailto:bsrb@ks.gov) Do not submit the training plan by fax.**

### 1. Information regarding supervisee: (To be completed by supervisee)

Name \_\_\_\_\_ LMFT Number \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Optional)

Work Site \_\_\_\_\_

Work Site Address \_\_\_\_\_

Is this a previously approved worksite for your clinical training plan? Yes \_\_\_\_\_ No \_\_\_\_\_

**If "NO,"** you will also need to complete the Training Plan Amendment form for a new worksite.

Please specify whether this is a new (this will be your only supervisor) or an additional supervisor? \_\_\_\_\_

Date to begin supervision: \_\_\_\_\_

End date, if applicable, with previous supervisor: \_\_\_\_\_

Name of previously approved supervisor \_\_\_\_\_

### 2. Information regarding supervisor: [Completed by supervisor(s)]

Name \_\_\_\_\_ Email \_\_\_\_\_

Agency/Work Site \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

KS License Number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Does this license authorize you to practice independently? Yes \_\_\_\_\_ No \_\_\_\_\_

BSRB LCMFT Board approved clinical supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you or are you licensed at the clinical, independent level in another State? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, State \_\_\_\_\_ License type \_\_\_\_\_ Issue date \_\_\_\_\_  
Expiration date \_\_\_\_\_

Have you practiced clinical marriage & family therapy for a minimum of two years beyond your licensure at the clinical level? Yes \_\_\_\_\_ No \_\_\_\_\_

**If your answer is “No,” you are not eligible to be a clinical supervisor.**

Are you currently under disciplinary investigation, sanction, or practice limitation or any other adverse action imposed by a state credentialing board or professional organization? Yes \_\_\_\_\_ No \_\_\_\_\_

**If your answer is “Yes,” please explain fully in an attached, signed statement.**

### **3. Information regarding the supervisory relationship: [Completed by supervisor(s)]**

**Please read K.A.R. 102-5-7a before answering the following questions.**

**1. Per K.A.R. 102-5-7a(d)(1)** - Do you have professional authority and responsibility for the supervisee’s clinical functioning in the practice of clinical marriage and family therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

**2.** Do you have a dual relationship with the supervisee? Yes \_\_\_\_\_ No \_\_\_\_\_

**3.** Do you have knowledge of and experience with the supervisee’s client population? Yes \_\_\_\_\_ No \_\_\_\_\_

**4.** Do you have knowledge of and experience with the methods of practice that the supervisee will employ? Yes \_\_\_\_\_ No \_\_\_\_\_

**5.** Do you have an understanding of the organization and administrative policies and procedures of the supervisee’s practice setting? Yes \_\_\_\_\_ No \_\_\_\_\_

**6.** Are you a staff member of the practice setting? Yes \_\_\_\_\_ No \_\_\_\_\_

**If not, please answer A - E:**

**A.** Do you have a solid understanding of the practice setting’s mission, policies, and procedures? Yes \_\_\_\_\_ No \_\_\_\_\_

**B.** Is your responsibility for the supervisee clearly defined in terms of client cases to be supervised, and role in personnel evaluation within the practice setting? Yes \_\_\_\_\_ No \_\_\_\_\_

**C.** Is the responsibility for payment of supervision clearly defined? Yes \_\_\_\_\_ No \_\_\_\_\_

**D.** Is the supervisee paying you directly for supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

**E.** Do you maintain responsibility to the client and the practice setting? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Will you perform the following?

- A. Provide oversight, guidance, and direction of the supervisee's clinical practice of clinical marriage and family therapy by assessing and evaluating the supervisee's performance? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or marriage and family therapy consultation? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Provide documentation of supervisory qualifications to the supervisee? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Periodically evaluate the supervisee's clinical functioning? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Provide supervision in accordance with the clinical supervision training plan? Yes \_\_\_\_\_ No \_\_\_\_\_
- F. Maintain documentation of supervision in accordance with the clinical supervision training plan? Yes \_\_\_\_\_ No \_\_\_\_\_
- G. Provide the documentation required by the board when the supervisee completes the postgraduate supervised professional experience? Yes \_\_\_\_\_ No \_\_\_\_\_
- H. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both you and the supervisee? Yes \_\_\_\_\_ No \_\_\_\_\_
- I. Ensure that each client knows that the supervisee is practicing clinical marriage and family therapy under supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you have a thorough knowledge and understanding of BSRB statutes and regulations regarding the requirements of post graduate supervision for the supervisee's profession? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you read the supervisee's previously approved training plan? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you agree to provide supervision in accordance with the supervisee's previously approved training plan? Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Supervisor and Supervisee Attestation**

We, the undersigned supervisee, and supervisor, acknowledge that we have both read and agree to all aspects of this plan, and have read and understand the post graduate supervised work experience requirements set forth in regulations. We attest, to the best of our knowledge, that the original training plan and this amendment meets the training requirements as outlined in statute and regulation, including the requirements for the provision of psychotherapy and assessment as well as the required supervision. We also attest that the previously submitted information constitutes an accurate and honest description of the duties to be performed by the supervisee.

Additionally, the supervisee hereby gives consent to the supervisor to discuss supervision or performance issues with the supervisee's clients, other professionals in the practice setting, the Board, and any other individual to whom either is professionally accountable.

\_\_\_\_\_  
Signature of Supervisor                      Date

\_\_\_\_\_  
Signature of Supervisee                      Date

**You should receive a written response regarding your clinical training plan from the Board office within 30 days. If you have not received a response within 30 days from submission, please contact the Board office.**

**Attention supervisors, for additional information regarding clinical supervision, please see the website at: [ksbsrb.ks.gov](http://ksbsrb.ks.gov)**